(c) whether Government are also seeking assistance form the World Bank and technical assistance from World Health Organisation fo target pretention of AIDS among children;

(d) if so, the details thereof; and

(e) the role of non-Governmental organisation in implementing various welfare programmes among street children, to integrate AIDS-STD prevention?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Yes, Sir. The Scheme for the prevention and Control of AIDS in India with assistance from World Bank has; been under implementation since September, 1992. The implementation, of the Scheme is reviewed by World Bank/WHO as well as senior functionaries of Central and State Governments from time to time. These efforts are aimed at improving the implementation of the Scheme which aims at Prevention and Control of AIDS in India.

(c) and (d) Assistance from World Bank or technical assistance from WHO has not been sought specifically for targeting the prevention of AIDS among the children, but the Government have taken the following steps in this direction:

(i) Giving safe and HIV free blood to all Thalassemic and Haemophillic children, which is going on satisfactorily.

(ii) A Pilot project is being contemplated by Government to give zidovudine (AZT) to all pregnant mothers having HIV infection which is an approved mode of treatment.

(e) The non-Governmental Organisations have a very significant role to play in the Nation's efforts to prevent the spread of HIV/AIDS infection. The thrust of the programme has been to create "awareness" about the danger of the HIV/AIDS infection and the steps to be taken for safeguarding oneself from the infection.

Government Health Centres in the Country

999. SHRI MUKESH R. PATEL: Will the PRIME MINISTER be pleased to state:

(a) how many Government health centres are existing in the country presently;

(b) the details of the ratio of population and Government health centres;

(c) whether Government health centres are facing the problem of over-crowding of patients, and

(d) how many new Government health centres are being planned to be opened to facilitate the maximum number of patients properly?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA -CHOWDHURY): (a) As per the available information there are 2433 Community Health Centres, 21889 Primary Health Centres, 133498 Sub-Centres and 5435 Rural Family Welfare Centres functioning in the rural areas of the country. In the urban areas there are 1492 Post partum Centres, 813 Urban Family Welfare Centres and 871 Urban Health Posts. As on 1.1.1993, 16323 dispensaries have been set up in the urban areas in the different States and Union Territories, in the country.

(b) These Health Centres are established on the basis of approved population norms which are given in the Statement, *(see* below) The Post partum Centres are not established on the basis of population norms and most of the Rural Family Welfare Centres have been integrated into block PHCs/CHCs.

(c) Whenever the no. of health centres is below the number required on the basis of population norms, some overcrowding is possible.

(d) Government is considering opening more health centres during the 9th Five

Year Plan, as per the approved population norms.

Statement

RURAL AREAS

Centre	Population Norms Plain Area	Hilly/Tribal Area
Sub Centre	5000	3000
PHC	30000	20000
CHC	80000 to	120000

URBAN AREAS

Centre	Population covered
Urban Family Welfare Centres	
TYPE I	10000 to 25000
TYPE II	25000 to 50000
TYPE III	Above 50000
Urban Health Posts	
TYPE A	Below 5000
TYPE B	5000 TO 10000
TYPE C	10000 TO 25000
TYPE D	25000 TO 50000 A.

Restriction on Tabacco Cultivation

1000. SHRIMATI JAYAPRADA NAHATA: Will the PRIME MINISTER be pleased to state:

(a) whether smoking causes a number of diseases like Cancer, T.B. etc.;

(b) if so, the measures proposed to limit tobacco cultivation for medicinal use only; and

(c) if not, how this health hazard is proposed to be controlled?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Tobacco use is a known risk factor for cancers of lungs, oral cavity, throat and oesophagus. Smoking is also known to cause ischaemic heart diseases, stroke, peripheral vascular diseases and chronic obstructive lung diseases.

Tobacco is not known to have any medicinal properties or therapeutic value. However, efforts are being made to propagate the cultivation of alternate crops like Mustard, Saffalower, Soyabean, Groundnut, etc. in the Tobacco growing areas.

(c) Under administrative instructions, tobacco smoking is prohibited in Hospitals, dispensaries and other health care establishments, educational institutions, Conference Rooms, domestic air flights, air-conditioned Chair Cars and Air-conditioned sleeper coaches in train, sub-urban trains and air-conditioned buses, under the control of Government of India. Smoking has also been prohibited in public places and public conveyances in the National Capital Territory of Delhi. In addition the following measures have been taken to discourage consumption of Tobacco:—

(i) As per the Cigarettes (Regulations of Production, Supply and Distribution) Act, 1975 it is mandatory to display health warning on all cartons/packets of cigarettes.

(ii) Under the Prevention of Food Adulteration Rules, 1955, a warning 'Chewing of tobacco is injurious to health' is mandatory;

(iii) Direct advertisements relating to tobacco or tobacco related products are prohibited on Doordarshan.

(iv) Health education.

Spurt to Militancy to Border Areas of J&K

1001. SHRI O.P. KOHLI: Will the PRIME MINISTER be pleased to state:

(a) whether there has been a spurt in militancy in the border areas of Rajauri and Poonch;

(b) if so, whether it is attributed to slackness on the part of our security machinery; and

(c) if not, the plausible reasons for the present spurt in militancy there?